



ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE

AmeriHealth Michigan, Inc.

(Name)

NAIC Group Code 00936 (Current Period) , 00936 (Prior Period) NAIC Company Code 15104 Employer's ID Number 46-0906893

Organized under the Laws of Michigan, State of Domicile or Port of Entry Michigan

Country of Domicile United States

Licensed as business type: Life, Accident & Health [] Property/Casualty [] Hospital, Medical & Dental Service or Indemnity []
Dental Service Corporation [] Vision Service Corporation [] Health Maintenance Organization [X]
Other [] Is HMO, Federally Qualified? Yes [] No [X]

Incorporated/Organized 08/15/2012 Commenced Business 04/17/2013

Statutory Home Office 4000 Town Center, Suite 1300 (Street and Number), Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

Main Administrative Office 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number)

Mail Address 4000 Town Center, Suite 1300 (Street and Number or P.O. Box), Southfield, MI, US 48075 (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 200 Stevens Drive (Street and Number)
Philadelphia, PA, US 19113 (City or Town, State, Country and Zip Code) 215-937-8000 (Area Code) (Telephone Number) (Extension)

Internet Web Site Address www.amerihealthcaritasvipcareplus.com

Statutory Statement Contact Joseph Victor Cella (Name), 215-937-8747 (Area Code) (Telephone Number) (Extension)
jcella@amerihealthcaritas.com (E-Mail Address) 855-822-9400 (Fax Number)

OFFICERS

Name	Title	Name	Title
Michael John Burgoyne	Treasurer	Robert Edward Tootle, Esquire	Secretary
Robert John Smith	President		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Steven Harvey Bohner	Marilyn Lee Eckley	Michael John Burgoyne	James Michael Jernigan
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State of Pennsylvania

County of Philadelphia

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The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Michael John Burgoyne
Treasurer

Robert Edward Tootle, Esquire
Secretary

Robert John Smith
President

Subscribed and sworn to before me this
day of February, 2022

a. Is this an original filing? Yes [X] No []
b. If no:
1. State the amendment number
2. Date filed
3. Number of pages attached

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

EXHIBIT 3A – ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Claims Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Cols. 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables			57,171	1,858,086	57,171	872,544
2. Claim overpayment receivables	871,085	5,096,756		104,230	871,085	810,794
3. Loans and advances to providers .....					.0	
4. Capitation arrangement receivables .....					.0	
5. Risk sharing receivables .....					.0	
6. Other health care receivables .....					.0	
7. Totals (Lines 1 through 6)	871,085	5,096,756	57,171	1,962,316	928,256	1,683,338

Note that the accrued amounts in columns 3, 4 and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 – CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

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EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

EXHIBIT 7 - PART 1- SUMMARY OF TRANSACTIONS WITH PROVIDERS

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers	757,745	1.1	3,085	100.0		757,745
4. Total capitation payments	757,745	1.1	3,085	100.0	0	757,745
Other Payments:						
5. Fee-for-service .....	.0	.0.0	XXX	XXX		
6. Contractual fee payments	68,964,488	98.9	XXX	XXX		68,964,488
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries .....	.0	.0.0	XXX	XXX		
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	68,964,488	98.9	XXX	XXX	0	68,964,488
13. Total (Line 4 plus Line 12)	69,722,233	100 %	XXX	XXX	0	69,722,233

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

[illegible]

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	NONE					
2. Medical furniture, equipment and fixtures						
3. Pharmaceuticals and surgical supplies						
4. Durable medical equipment						
5. Other property and equipment						
6. Total	0	0	0	0	0	0



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION		AmeriHealth Michigan, Inc.		2.		(LOCATION)					
NAIC Group Code	00936	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2021				NAIC Company Code 15104			
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10	
		2	3								
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:											
1. Prior Year	3,008							3,008			
2. First Quarter	3,006							3,006			
3. Second Quarter	3,016							3,016			
4. Third Quarter	3,097							3,097			
5. Current Year	3,085							3,085			
6. Current Year Member Months	36,416							36,416			
Total Member Ambulatory Encounters for Year:											
7. Physician	63,038							63,038			
8. Non-Physician	11,617							11,617			
9. Total	74,655	0	0	0	0	0	0	74,655	0	0	
10. Hospital Patient Days Incurred	7,688							7,688			
11. Number of Inpatient Admissions	856							856			
12. Health Premiums Written (b).....	79,509,994							79,509,994			
13. Life Premiums Direct.....	0										
14. Property/Casualty Premiums Written.....	0										
15. Health Premiums Earned.....	79,509,994							79,509,994			
16. Property/Casualty Premiums Earned	0							0			
17. Amount Paid for Provision of Health Care Services	69,722,233							69,722,233			
18. Amount Incurred for Provision of Health Care Services	71,224,830							71,224,830			

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$79,509,994



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION AmeriHealth Michigan, Inc. 2. (LOCATION)

NAIC Group Code	00936	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2021				NAIC Company Code		15104
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	3,008	0	0	0	0	0	0	3,008	0	0
2 First Quarter	3,006	0	0	0	0	0	0	3,006	0	0
3 Second Quarter	3,016	0	0	0	0	0	0	3,016	0	0
4. Third Quarter	3,097	0	0	0	0	0	0	3,097	0	0
5. Current Year	3,085	0	0	0	0	0	0	3,085	0	0
6 Current Year Member Months	36,416	0	0	0	0	0	0	36,416	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	63,038	0	0	0	0	0	0	63,038	0	0
8. Non-Physician	11,617	0	0	0	0	0	0	11,617	0	0
9. Total	74,655	0	0	0	0	0	0	74,655	0	0
10. Hospital Patient Days Incurred	7,688	0	0	0	0	0	0	7,688	0	0
11. Number of Inpatient Admissions	856	0	0	0	0	0	0	856	0	0
12. Health Premiums Written (b).....	79,509,994	0	0	0	0	0	0	79,509,994	0	0
13. Life Premiums Direct.....	0	0	0	0	0	0	0	0	0	0
14. Property/Casualty Premiums Written.....	0	0	0	0	0	0	0	0	0	0
15. Health Premiums Earned.....	79,509,994	0	0	0	0	0	0	79,509,994	0	0
16. Property/Casualty Premiums Earned	0	0	0	0	0	0	0	0	0	0
17. Amount Paid for Provision of Health Care Services	69,722,233	0	0	0	0	0	0	69,722,233	0	0
18. Amount Incurred for Provision of Health Care Services	71,224,830	0	0	0	0	0	0	71,224,830	0	0

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$79,509,994

Schedule S - Part 1 - Section 2

NONE

Schedule S - Part 2

NONE

Schedule S - Part 3 - Section 2

NONE

Schedule S - Part 4

NONE

Schedule S - Part 5

NONE

SCHEDULE S – PART 6

Five-Year Exhibit of Reinsurance Ceded Business
(\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums.....	0	0	0	0	0
2. Title XVIII-Medicare.....	0	0	43	167	197
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	334	97
B. BALANCE SHEET ITEMS					
6. Premiums receivable		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	0	0	0	0	0
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances due.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
12. Offset for reinsurance with Certified Reinsurers.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F).....	0	0	0	0	0
14. Letters of credit (L).....	0	0	0	0	0
15. Trust agreements (T).....	0	0	0	0	0
16. Other (O).....	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust.....	0	0	0	0	0
18. Funds deposited by and withheld from (F)	0	0	0	0	0
19. Letters of credit (L).....	0	0	0	0	0
20. Trust agreements (T).....	0	0	0	0	0
21. Other (O)	0	0	0	0	0

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	28,348,689		28,348,689
2. Accident and health premiums due and unpaid (Line 15).....	7,920,447		7,920,447
3. Amounts recoverable from reinsurers (Line 16.1).....	0		0
4. Net credit for ceded reinsurance.....	XXX	0	0
5. All other admitted assets (Balance).....	3,830,422		3,830,422
6. Total assets (Line 28)	40,099,558	0	40,099,558
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	14,961,965	0	14,961,965
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	0		0
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19, first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount).....	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount).....	0		0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount).....	0		0
14. All other liabilities (Balance).....	11,456,682		11,456,682
15. Total liabilities (Line 24).....	26,418,647	0	26,418,647
16. Total capital and surplus (Line 33).....	13,680,911	XXX	13,680,911
17. Total liabilities, capital and surplus (Line 34)	40,099,558	0	40,099,558
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid.....	0		
19. Accrued medical incentive pool.....	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	0		
23. Total ceded reinsurance recoverables	0		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers.....	0		
28. Funds held under reinsurance treaties with Certified Reinsurers.....	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	0		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated By States and Territories

		Direct Business Only					
		1	2	3	4	5	6
States, Etc.		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL .....						.0
2. Alaska	AK .....						.0
3. Arizona	AZ .....						.0
4. Arkansas	AR .....						.0
5. California	CA .....						.0
6. Colorado	CO .....						.0
7. Connecticut	CT .....						.0
8. Delaware	DE .....						.0
9. District of Columbia	DC .....						.0
10. Florida	FL .....						.0
11. Georgia	GA .....						.0
12. Hawaii	HI .....						.0
13. Idaho	ID .....						.0
14. Illinois	IL .....						.0
15. Indiana	IN .....						.0
16. Iowa	IA .....						.0
17. Kansas	KS .....						.0
18. Kentucky	KY .....						.0
19. Louisiana	LA .....						.0
20. Maine	ME .....						.0
21. Maryland	MD .....						.0
22. Massachusetts	MA .....						.0
23. Michigan	MI .....						.0
24. Minnesota	MN .....						.0
25. Mississippi	MS .....						.0
26. Missouri	MO .....						.0
27. Montana	MT .....						.0
28. Nebraska	NE .....						.0
29. Nevada	NV .....						.0
30. New Hampshire	NH .....						.0
31. New Jersey	NJ .....						.0
32. New Mexico	NM .....						.0
33. New York	NY .....						.0
34. North Carolina	NC .....						.0
35. North Dakota	ND .....						.0
36. Ohio	OH .....						.0
37. Oklahoma	OK .....						.0
38. Oregon	OR .....						.0
39. Pennsylvania	PA .....						.0
40. Rhode Island	RI .....						.0
41. South Carolina	SC .....						.0
42. South Dakota	SD .....						.0
43. Tennessee	TN .....						.0
44. Texas	TX .....						.0
45. Utah	UT .....						.0
46. Vermont	VT .....						.0
47. Virginia	VA .....						.0
48. Washington	WA .....						.0
49. West Virginia	WV .....						.0
50. Wisconsin	WI .....						.0
51. Wyoming	WY .....						.0
52. American Samoa	AS .....						.0
53. Guam	GU .....						.0
54. Puerto Rico	PR .....						.0
55. US Virgin Islands	VI .....						.0
56. Northern Mariana Islands	MP .....						.0
57. Canada	CAN .....						.0
58. Aggregate Other Alien	OT .....						.0
59. Totals		0	0	0	0	0	0

NONE

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	47-1233198				Independence Health Group, Inc.	PA	UIP				Independence Health Group, Inc.	NO	.0
00000		00000	23-2425461				AmeriHealth, Inc.	PA	UIP	Independence Health Group, Inc.	Ownership	100.0	Health Group, Inc.	NO	.0
00000		00000	46-5339475				Tandigm Health, LLC	DE	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	82-4299279				Tandigm MSO, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	47-2516811				Tandigm Scholars, Inc.	PA	OTH	Tandigm Health, LLC	Board	0.0	Independence Health Group, Inc.	NO	.0
00000		00000	85-0672015				Tandigm HVN, LLC	PA	NIA	Tandigm Health, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	87-2068950				Tandigm Value Partners, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	85-0682780				Tandigm Specialist Alliances, LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	85-0693771				TPS Hold Co., LLC	PA	NIA	Tandigm HVN, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	85-2543447				Tandigm Physician Services, LLC	DE	NIA	TPS Hold Co., LLC	Ownership	51.0	Independence Health Group, Inc. / Gateway Medical Associates, Inc.	NO	.0
00000		00000	82-5264307				1819 LLC	DE	NIA	AmeriHealth, Inc. (50%) / Comcast Connected Health, LLC (50%)	Ownership	50.0	Independence Health Group, Inc. / Comcast Connected Health, LLC	NO	.0
00000		00000	85-3092159				Evio Pharmacy Solutions, LLC	DE	NIA	AmeriHealth, Inc. (20%)	Ownership	20.0	Independence Health Group, Inc.	NO	.0
00000		00000	46-3867722				Independence Blue Cross, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	90-0799945				3BE Holdings, LLC	DE	NIA	Independence Blue Cross, LLC	Ownership	40.5	Independence Health Group, Inc.	NO	.0
00000		00000	23-2800586				The AmeriHealth Agency, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	84-4672692				GR Health Solutions, LLC	PA	NIA	Independence Blue Cross, LLC / Anthem Partnership Holding Company, LLC	Ownership	50.0	Independence Health Group, Inc. / Anthem, Inc.	NO	.0
00671	Anthem, Inc.	12812	30-0326654				Group Retiree Health Solutions, Inc.	PA	IA	GR Health Solutions, LLC	Ownership	50.0	Independence Health Group, Inc. / Anthem, Inc.	NO	.0
00936	Independence Health Group, Inc.	95794	51-0296135				Healthcare Delaware, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	60254	23-2865349				Independence Insurance, Inc.	DE	IA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	98-0426648				AmeriHealth Assurance, Ltd.	BMU	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	23-2795357				AmeriHealth Services, Inc.	PA	NIA	Independence Blue Cross, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	23-2824200				NS Assisted Living Communities, Inc.	PA	NIA	AmeriHealth Services, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	23-2982367				Independence Holdings, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	23-2944969				KMHP Holding Company, Inc.	PA	NIA	Independence Holdings, Inc.	Ownership	50.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	93688	23-2184623				QCC Insurance Company	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	81-0681081				Veridign Health Solutions, LLC.	PA	NIA	QCC Insurance Company	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	27-0204996				International Plan Solutions, LLC	DE	NIA	QCC Insurance Company	Ownership	38.2	Independence Health Group, Inc.	NO	.0
00000		00000	23-2903313				Highway to Health, Inc.	DE	NIA	International Plan Solutions, LLC	Ownership	13.0	Independence Health Group, Inc.	NO	.0
00000		00000	98-0408753				HTH Re, Ltd.	BMU	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	.0
00000		00000	54-1867679				Worldwide Insurance Services, LLC	VA	NIA	Highway to Health, Inc.	Ownership	13.0	Independence Health Group, Inc.	NO	.0
00000		00000	23-2521508				AmeriHealth Administrators, Inc.	PA	NIA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	16053	81-3078234				Independence Assurance Company	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	95044	23-2314460				AmeriHealth HMO, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	95056	23-2405376				Keystone Health Plan East, Inc.	PA	IA	Independence Blue Cross, LLC.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	85-1427898				1901 Market Holdco, LLC	DE	NIA	Independence Blue Cross, LLC (54%) / QCC Insurance Company (23%) / Keystone Health Plan, Inc. (23%)	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	85-1428394				1901 Market, LLC	DE	NIA	1901 Market Holdco, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	54704	23-0370270				Independence Hospital Indemnity Plan, Inc.	PA	IA	Independence Blue Cross, LLC.	Board	0.0	Independence Health Group, Inc.	NO	.0
00000		00000	36-4685801				Independence Blue Cross Foundation	PA	OTH	Independence Hospital Indemnity Plan, Inc.	Board	0.0	Independence Health Group, Inc.	NO	.0
00936	Independence Health Group, Inc.	54763	23-0724427				Inter-County Hospitalization Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	NO	.0
00936	Independence Health Group, Inc.	53252	23-2063810				Inter-County Health Plan, Inc.	PA	IA	Independence Hospital Indemnity Plan, Inc. (50%) / Highmark, Inc. (50%)	Board	0.0	Independence Health Group, Inc. / Highmark Health	NO	.0
00000		00000	46-3878323				AmeriHealth Casualty Holdings, LLC	PA	NIA	AmeriHealth, Inc.	Ownership	100.0	Independence Health Group, Inc.	NO	.0
00000		00000	25-1686685				CompServices, Inc.	PA	NIA	AmeriHealth Casualty Holdings, LLC	Ownership	100.0	Independence Health Group, Inc.	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domiciliary Location	Relationship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Ownership Provide Percentage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Required? (Yes/No)	*
00000		00000	25-1765486				CSI Services, Inc.....	PA	NIA	CompServices, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00000		00000	46-3893959				AmeriHealth New Jersey Holdings, LLC.....	PA	NIA	AmeriHealth, Inc.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00000		00000	61-1741302				AmeriHealth New Jersey, LLC.....	DE	NIA	AmeriHealth New Jersey Holdings, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
00000		00000	61-1741805				AmeriHealth TPA of New Jersey, LLC.....	NJ	NIA	AmeriHealth New Jersey, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	60061	22-3338404				AmeriHealth Insurance Company of New Jersey.....	NJ	IA	AmeriHealth New Jersey, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
00000		00000	35-2511976				AmeriHealth HMO of New Jersey, Inc.....	NJ	NIA	AmeriHealth New Jersey, LLC.....	Ownership.....	95.1	Independence Health Group, Inc.....	NO	.0
00000		00000	45-3672640				IBC MH LLC.....	DE	UIP	AmeriHealth, Inc. (95%) / Keystone Health Plan East (5%).....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00936	Independence Health Group, Inc.....	96660	23-2408039				Vista Health Plan, Inc.....	PA	IA	IBC MH LLC.....	Ownership.....	100.0	Independence Health Group, Inc.....	NO	.0
00000		00000	30-0703311				BMH LLC.....	DE	UIP	IBC MH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00000		00000	45-5415725				AmeriHealth Caritas Services, LLC.....	DE	NIA	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00000		00000	85-4321302				Social Determinants of Life, Inc.....	DE	NIA	BMH LLC.....	Ownership.....	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0
00000		00000	47-5496220				Wider Circle, Inc.....	DE	NIA	Social Determinants of Life, Inc.....	Ownership.....	16.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company.....	NO	.0

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00000		00000	38-3946080				BMH SUBCO I LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	80-0768643				BMH SUBCO II LLC	DE	UIP	BMH LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	23-2842344				Keystone Family Health Plan	PA	NIA	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	23-2859523				AmeriHealth Caritas Health Plan	PA	UIP	BMH SUBCO I LLC (50%) / BMH SUBCO II LLC (50%)	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	14143	27-3575066				AmeriHealth Caritas Louisiana, Inc.	LA	IA	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	47-3923267				AmeriHealth Caritas Iowa, LLC	IA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15104	46-0906893				AmeriHealth Michigan, Inc.	MI	RE	AMHP Holdings Corp	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00936	Independence Health Group, Inc.	95458	57-1032456				Select Health of South Carolina, Inc.	SC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	15088	46-1480213				AmeriHealth Caritas District of Columbia, Inc.	DC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	27-0863878				PerformRx, LLC	PA	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	61-1729412				PerformSpecialty, LLC	PA	NIA	PerformRx, LLC	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	26-1809217				PerformRx IPA of New York, LLC	NY	NIA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	26-1144363				AMHP Holdings Corp.	PA	UDP	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	25-1765391				Community Behavioral Healthcare Network of Pennsylvania, Inc.	PA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

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00936	Independence Health Group, Inc.	13630	26-0885397				CBHNP Services, Inc.	PA	IA	Community Behavioral Healthcare Network of Pennsylvania, Inc.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	45-3790685				AmeriHealth Nebraska, Inc.	NE	NIA	AmeriHealth Caritas Health Plan	Ownership	42.9	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company / GoodLife Partners, Inc.	NO	.0
00936	Independence Health Group, Inc.	14378	45-4088232				AmeriHealth Caritas Florida, Inc.	FL	IA	AmeriHealth Caritas Health Plan	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00572	Blue Cross Blue Shield of Michigan	11557	47-2582248				Blue Cross Complete of Michigan LLC	MI	IA	AmeriHealth Caritas Health Plan (50%), Michigan Medicaid Holdings Company (50%)	Ownership	30.6	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	61-1847073				AmeriHealth Caritas Delaware, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16451	82-1141687				AmeriHealth Caritas Texas, Inc.	TX	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16422	61-1857768				AmeriHealth Caritas New Mexico, Inc.	NM	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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SCHEDULE Y
PART 1A – DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
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00936	Independence Health Group, Inc.	16539	83-1481671				AmeriHealth Caritas North Carolina, Inc.	NC	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	83-3241979				AmeriHealth Caritas Minnesota, Inc.	MN	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16496	83-0987716				AmeriHealth Caritas New Hampshire, Inc.	NH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00936	Independence Health Group, Inc.	16980	84-2435374				AmeriHealth Caritas Ohio, Inc.	OH	IA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	81-4458766				AmeriHealth Caritas Oklahoma, Inc.	OK	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	85-3713213				AmeriHealth Caritas Nevada, Inc.	NV	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	86-2442207				AmeriHealth Caritas California, Inc.	CA	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0
00000		00000	87-4065041				AmeriHealth Caritas VIP Next, Inc.	DE	NIA	AMHP Holdings Corp.	Ownership	61.3	Independence Health Group, Inc. / Blue Cross Blue Shield of Michigan Mutual Insurance Company	NO	.0

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[illegible]

Asterisk	Explanation
1	Charity.....

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ANNUAL STATEMENT FOR THE YEAR 2021 OF THE AmeriHealth Michigan, Inc.

SCHEDULE Y

PART 3 – ULTIMATE CONTROLLING PARTY AND LISTING OF OTHER U.S. INSURANCE GROUPS OR ENTITIES UNDER THAT ULTIMATE CONTROLLING PARTY’S CONTROL

1	2	3	4	5	6	7	8
Insurers in Holding Company	Owners with Greater than 10% Ownership	Ownership Percentage Column 2 of Column 1	Granted Disclaimer of Control/Affiliation of Column 2 Over Column 1 (Yes/No)	Ultimate Controlling Party	U.S. Insurance Groups or Entities Controlled by Column 5	Ownership Percentage (Columns 5 of Column 6)	Granted Disclaimer of Control/Affiliation of Column 5 Over Column 6 (Yes/No)
AmeriHealth Caritas Florida, Inc.....	AmeriHealth Caritas Health Plan.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Louisiana, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas District of Columbia, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas New Hampshire, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas New Mexico, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas North Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Ohio, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Caritas Texas, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth HMO, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Insurance Company of New Jersey.....	AmeriHealth New Jersey, LLC.....	95.100 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
AmeriHealth Michigan, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Blue Cross Complete of Michigan LLC.....	AmeriHealth Caritas Health Plan 50% / Michigan Medicaid Holdings Company 50%.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
CBHNP Services, Inc.....	Community Behavioral Healthcare Network of Pennsylvania, Inc.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Group Retiree Health Solutions, Inc.....	GR Health Solutions, LLC.....	100.000 %	NO	Anthem, Inc. Independence Health Group, Inc.....	Anthem, Inc. (See Anthem Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Healthcare Delaware, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Assurance Company.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Hospital Indemnity Plan, Inc.....	Independence Blue Cross, LLC.....	0.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Independence Insurance, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Inter-County Health Plan, Inc.....	Independence Hospital Indemnity Plan, Inc. / Highmark, Inc.....	0.000 %	NO	Highmark Health Independence Health Group, Inc.....	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Inter-County Hospitalization Plan, Inc.....	Highmark, Inc.....	0.000 %	NO	Highmark Health Independence Health Group, Inc.....	Highmark Health (See Highmark Health Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Keystone Health Plan East, Inc.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
QCC Insurance Company.....	Independence Blue Cross, LLC.....	100.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO
Select Health of South Carolina, Inc.....	AMHP Holdings Corp.....	100.000 %	NO	BCBS of Mich. Mut. Ins. Co. Independence Health Group, Inc.....	BCBS of Mich. Mut. Ins. Co.(See Mich. Sch Y) Independence Health Group, Inc.....	100.000 %	NO
Vista Health Plan, Inc.....	IBC MH LLC.....	95.000 %	NO	Independence Health Group, Inc.....	Independence Health Group, Inc.....	100.000 %	NO

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

1.

Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?

.....YES.....
2.

Will an actuarial opinion be filed by March 1?

.....YES.....
3.

Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?

.....YES.....
4.

Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1?

.....YES.....

APRIL FILING

5.

Will Management's Discussion and Analysis be filed by April 1?

.....YES.....
6.

Will the Supplemental Investment Risks Interrogatories be filed by April 1?

.....YES.....
7.

Will the Accident and Health Policy Experience Exhibit be filed by April 1?

.....YES.....

JUNE FILING

8.

Will an audited financial report be filed by June 1?

.....YES.....
9.

Will Accountants Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?

.....YES.....

The following supplemental reports are required to be filed as part of your statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason, enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

10.

Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?

.....NO.....
11.

Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?

.....NO.....
12.

Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?

.....NO.....
13.

Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
14.

Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?

.....NO.....
15.

Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?

.....NO.....
16.

Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?

.....NO.....
17.

Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?

.....NO.....
18.

Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed with electronically with the NAIC by March 1?

.....NO.....

APRIL FILING

19.

Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?

.....NO.....
20.

Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?

.....NO.....
21.

Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?

.....NO.....
22.

Will the regulator only (non-public) Supplemental Health Care Exhibit's Allocation Report be filed with the state of domicile and the NAIC by April 1?

.....NO.....
23.

Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?

.....NO.....

AUGUST FILING

24.

Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?

.....NO.....

Explanation:

10.

Business not written
11.

Business not written
12.

Business not written
13.

Business not written
14.

Business not written
15.

Business not written
16.

Business not written
17.

Business not written
18.

Business not written
19.

Business not written
20.

Business not written

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

21. Business not written

22. Business not written

23. Business not written

24. Business not written

Bar code:



OVERFLOW PAGE FOR WRITE-INS

M014 Additional Aggregate Lines for Page 14 Line 25.
*EXEXP - Underwriting and Investment Exhibit - Part 3

	1 Cost Containment Expenses	2 Other Claim Adjustment Expenses	3 General Administrative Expenses	4 Investment Expenses	5 Total
2504. Purchased Services.....	13,457	0	131,025		144,482
2505. Penalties.....	0	0	2,020		2,020
2597. Summary of remaining write-ins for Line 25 from Page 14	13,457	0	133,045	0	146,502